

Name in Full

Certificate of Death

Margaret A. Beall

Town

County

Died at Darnestown Montgomery

MARYLAND

Date 189¹⁹⁰⁵ Month 11 Day 3 Y. 57 M. D. Native of Maryland Occupation Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

W. Beall

Mother's

Name

Lavinia Wilson

Cause of

Primary

Gastric Catarrh & Epilepsy

How long sick

Death

Immediate

in acute attack of indigestion with convulsions 12/5/05

Accident, Suicide, Homicide

Reported by

C. H. Fournier M.D.

Address

Darnestown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name
In
Full

Garfield Braderick Braderick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Nov.</u>	Day <u>3</u>	Age <u>22</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Negro</u>		Birth-place <u>Rockville</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Martin Braderick</u>			Father's Birthplace <u>Rockville</u>		
Mother's Maiden Name <u>Ann Jackson</u>			Mother's Birthplace <u>Rockville</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 yrs</u>
Immediate	<u>Pulmonary Hemorrhage</u>	How long	<u>3 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>George E. Lewis, M.D.</u>	
		Address <u>Rockville, Md.</u>	
Accident or Suicide? <u>—</u>			

May - 8 700

Name
in
Full

Elizabeth Sanders Chase

CERTIFICATE OF DEATH

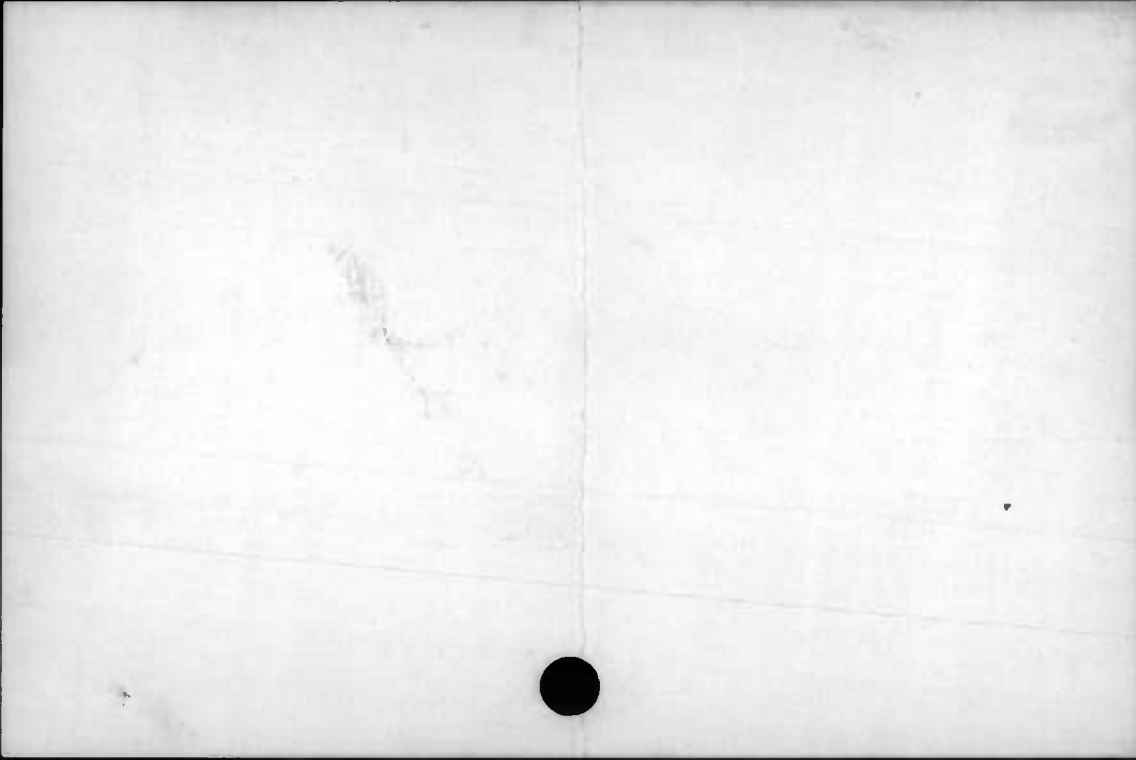
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Drummond		County Montgomery		MARYLAND	
Date of death		1905	Month 11	Day 18	Age 75	Years 10	Months 17
Sex Female		Color or Race white		Birth- place La.			
Occupation Housewife				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name Jared Young Sanders				Father's Birthplace South Carolina			
Mother's Maiden Name Rachael Hutick				Mother's Birthplace New Jersey			
Name of person giving Information T. O. Chase				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage		How long 3 days	
Immediate Paralysis		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John L. Lewis M.D.	
		Address Birtwood	
Accident or Suicide?		M.D.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Rockville*

County

*Montgomery*Date
of death 190

Month

11

Day

23

Age

Years

57

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Thomas C. Blagett*Father's
Birthplace*Maryland*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Maryland*Name of person giving
information*W. O. Pumpfrey*How related
to deceased*Not at all*

CAUSES OF DEATH

Primary

Valvular disease of heart

How long

Don't know

Immediate

Don't know

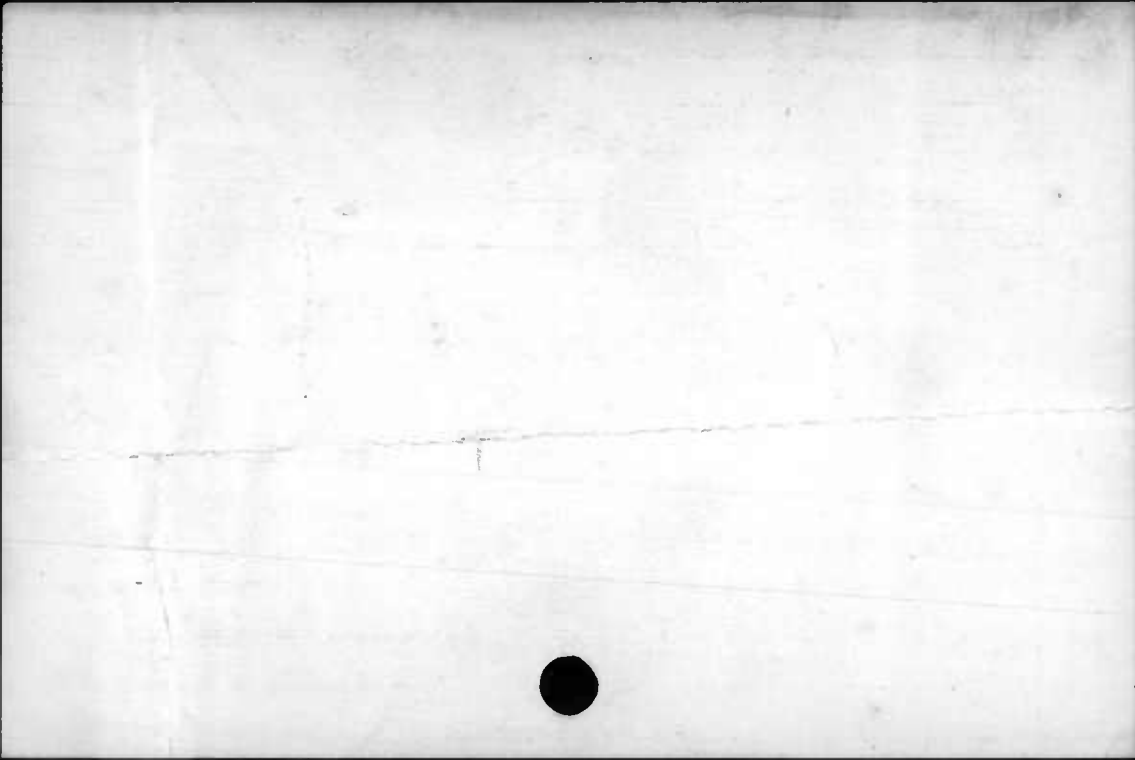
How long

*Don't know*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*No doctor saw her*

Address

*E. Anderson M.D.**Rockville, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Charles Colingsgrus

Town

County

Died at 4 corners

Date

1905

Month

nov

Day

10

Age

Years

79

Months

Days

MARYLAND

Sex

male

Color or
Race

white

Birth-
place

Penn.

Occupation

Farmer

Where residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Amanda Barnes

Father's
Name

Peter Colingsgrus

Father's
Birthplace

Penn.

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

Wm Phair

How related
to deceased

none

CAUSES OF DEATH

Primary

Carcinoma stomach

How long

4 months

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. R. Patton

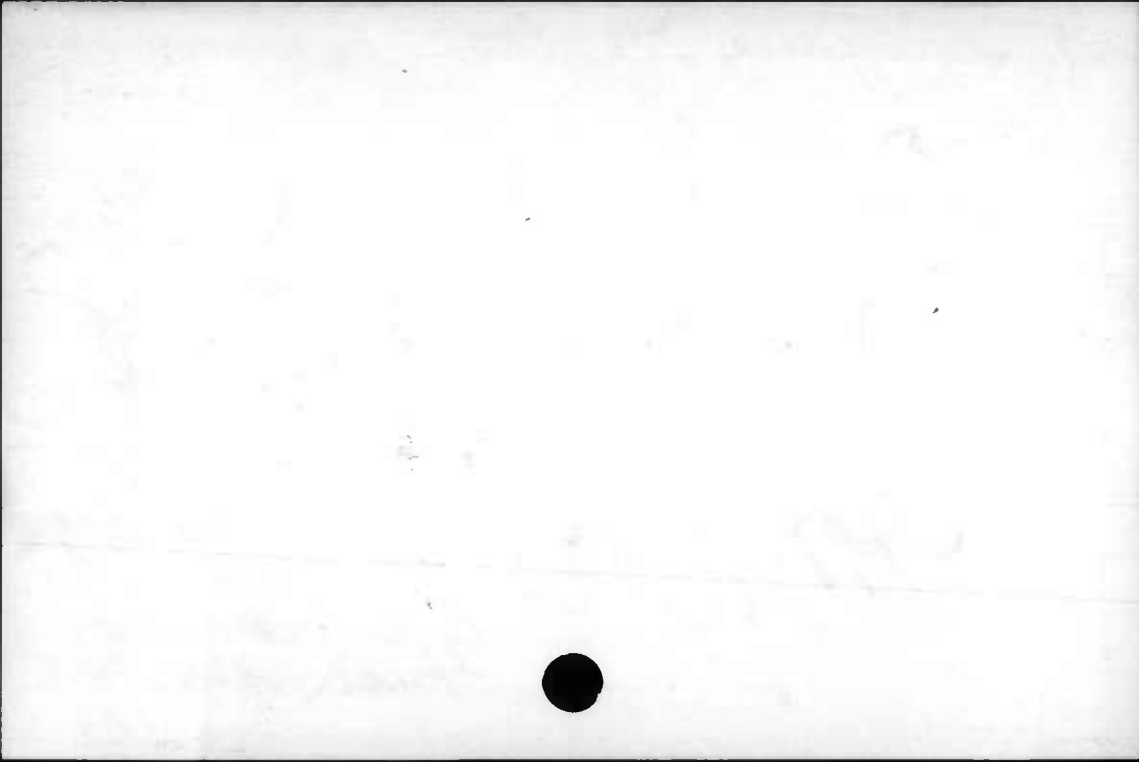
Address

Spencerville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

William H. Coomes
Gaithersburg Montgomery County
Died at

MARYLAND

Date of death 1905 - Apr. 26 Age 72 Months 2 Days 6

Sex male Color or Race white Birth-place Md

Occupation Shoemaker Where Residing if not at place of death Gaithersburg

Married, Single or Widowed Name of Wife or Husband Mary Coomes

Father's Name Joseph D. Coomes Father's Birthplace Md

Mother's Maiden Name Margaret Dook Mother's Birthplace Md

Name of person giving information Ship How related to deceased Ship

CAUSES OF DEATH

Primary Nephritis How long Ten days

Immediate Nephritis How long Ten days

Are the name, age, sex, color, date and place correctly given above? Yes

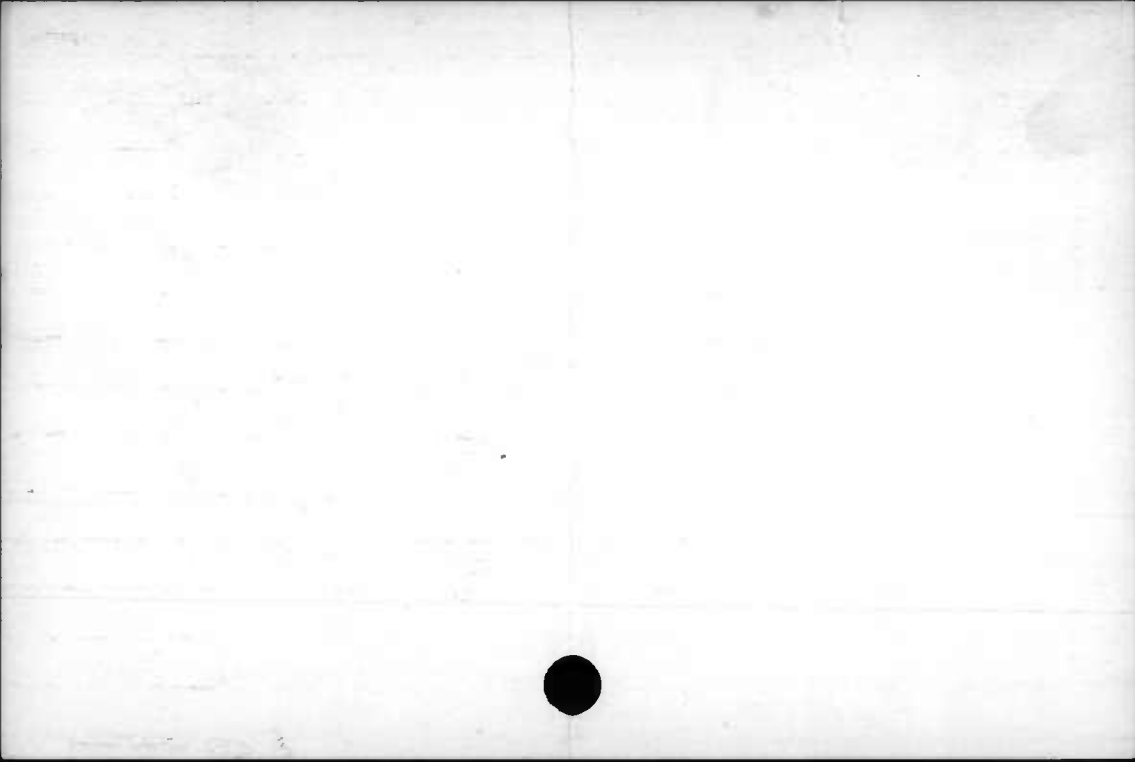
Signature of Physician E. C. Elphinstone

Address Gaithersburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Rockville*

Town

Montgomery Co.

County

Date
of death *1905*

Month

Nov. 3rd

Day

3rd

Years

Age

X

Months

5

Days

Sex *Female*Color or
Race*white.*Birth-
place*Wash. D.C.*

Occupation

*X*Where Residing if not
at place of death*X*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*X*Father's
Birthplace*X*Mother's
Maiden Name*Anna Deamell*Mother's
Birthplace*Pa*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Infection

How long

2 or 3 mos.

Immediate

Exhaustion

How long

*3 hours.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*A. M. Richardson*

Address

Rockville

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

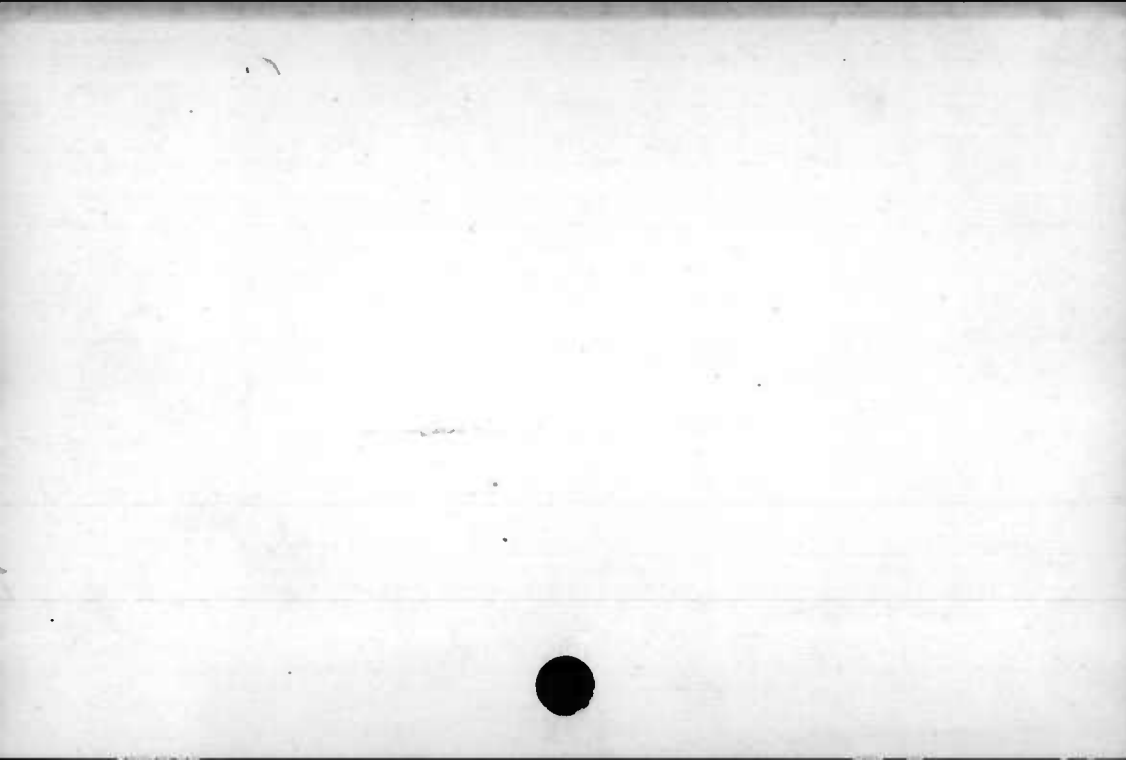
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Druid</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov	Sunday	Age 86	Six		
Sex	female		Color or Race	White		Birth-place	Souden. Co. Md
Occupation				Where Residing if not at place of death <i>unity</i>			
Married, Single or Widowed	Widow		Name of Wife or Husband	<i>Souiza Frances. Dodd</i>			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	<i>Edith. F. Gregg</i>			How related to deceased <i>Granddaughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Opium Poison</i>	How long	<i>7 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>YES</i>	Signature of Physician	<i>H. G. Spurrier</i>
		Address	<i>unity D.C.</i>
Accident or Suicide?			



Name
in
Full

Lucy Jane Dickey

CERTIFICATE OF DEATH

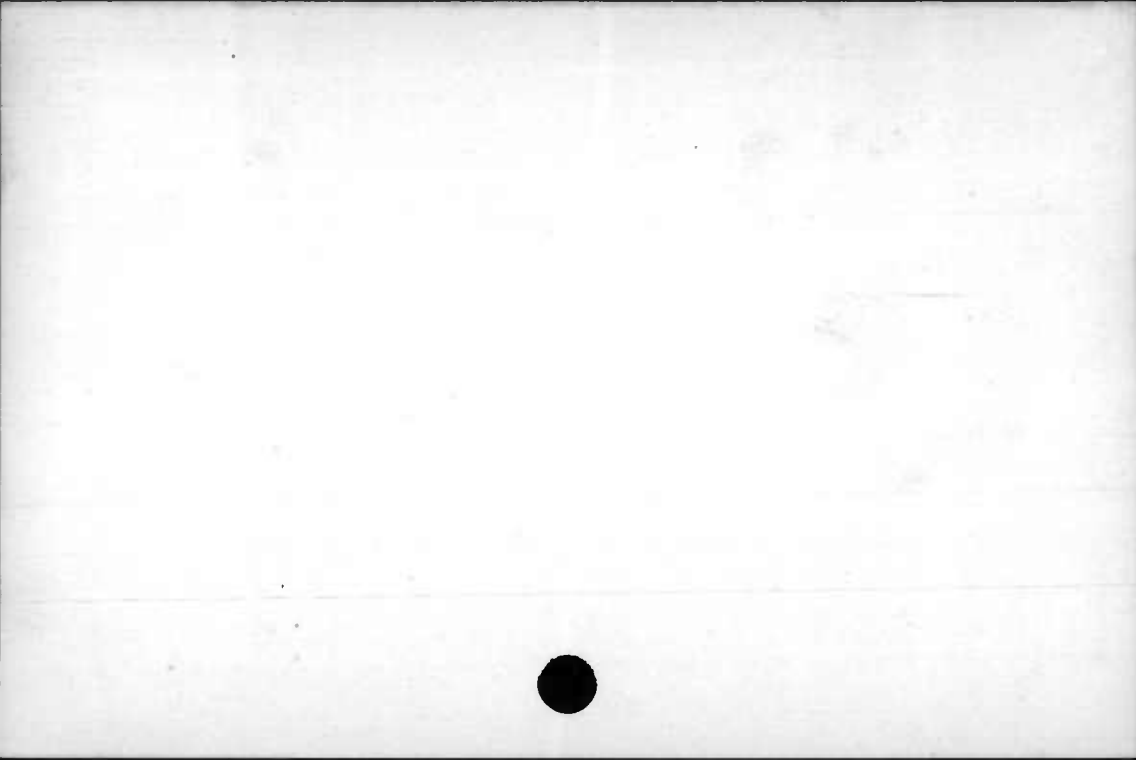
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>14</i>	Years <i>73</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Va</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Frederick Roney</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Doesn't know</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mr. Halland</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gen. Senility</i>	How long <i>Six mos.</i>
Immediate <i>Syncope</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<i>Yes.</i>	Address <i>Silver Spring Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

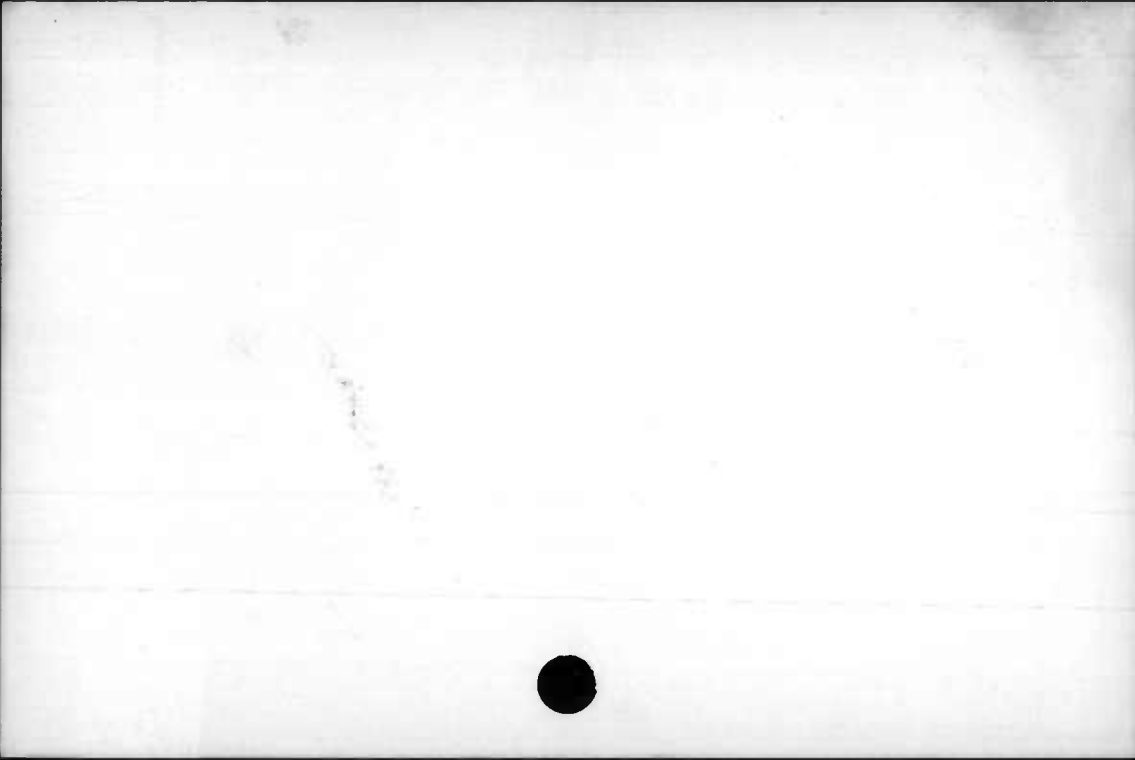
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Glen</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Nov</i> ^{Day} <i>7</i>		Age <i>Still Born</i> ^{Years}		<i>None</i> ^{Months} <i>None</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Ind</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Chas Dorsey</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Dorsey</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Eliza Woods</i>		How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born S.</i>	How long	<i>✓</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis M.D.</i>	
		Address <i>Kensington Ind</i>	
Accident or Suicide? <i>✓</i>			



Augusta Geneva Duvall

Town

County

Died near Damascus Mont.

MARYLAND

Date 1905- 11 9 Age 42 Native of Ind Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband of Joseph Duvall

Father's Name Erasmus Penn

Mother's

Maiden Name

Mary P. Young

Cause of Primary Consumption

Death Immediate Results of above

How long sick 18 months

~~Accident, Suicide, Homicide~~

Reported by C. F. Lunsdale

Address Damascus Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Leo. Hargate

CERTIFICATE OF DEATH

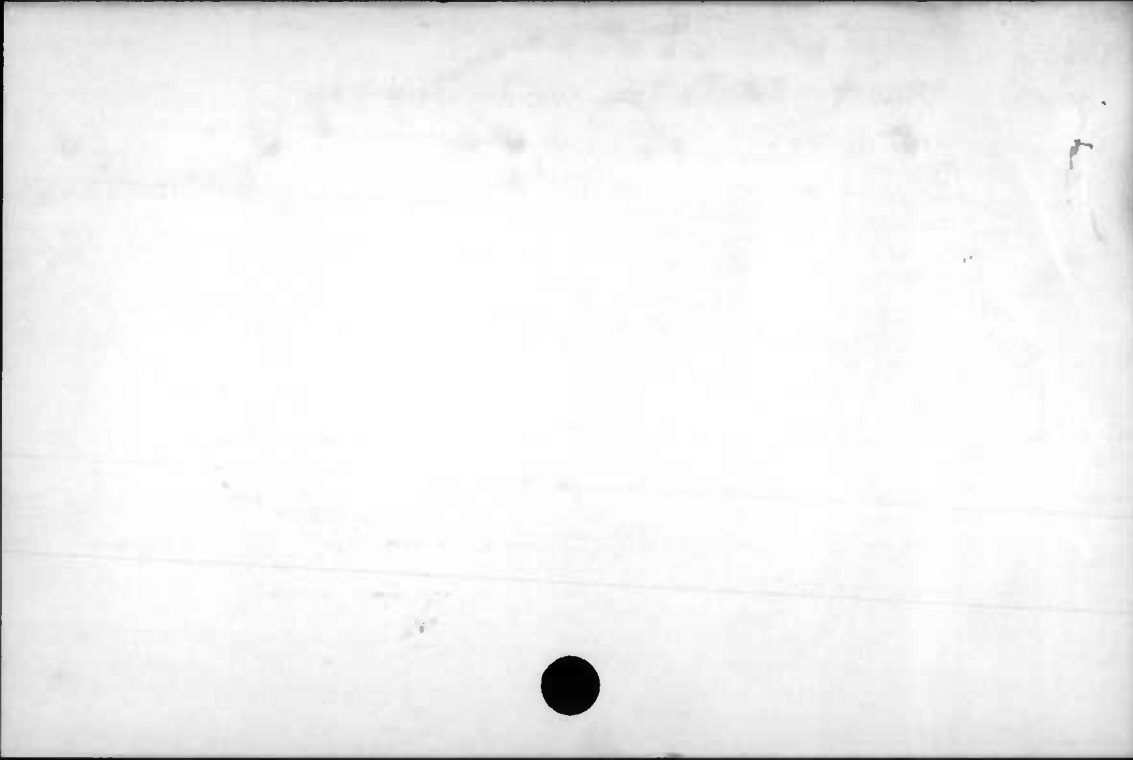
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Germantown</u> <u>County</u>		MAYLAND			
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>25</u>	Age <u>9</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germantown</u>			
Occupation <u>School boy</u>	Where Residing if not at place of death				
<u>Single</u>	Name of Wife or Husband				
Father's Name <u>Albert Hargate</u>	Father's Birthplace <u>Frederick Co. Md.</u>				
Mother's Maiden Name <u>Mary McCollough</u>	Mother's Birthplace <u>Balto. Md.</u>				
Name of person giving information <u>Physician</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute septic arthritis</u>	How long <u>1 wk.</u>
Immediate <u>Septicemia</u>	How long <u>2 da.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. D. House M.D.</u>
	Address <u>Danversville Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Kitty D. Hilton

Town

County

MARYLAND

Died

near Damascus Mont

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

17

Age

78.9.12

Md

X

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

~~Husband~~ of

Wife

Elijah F. Hilton

Father's

Name

Nathan Shipley

Mother's

Maiden Name

Maria Hawkins

Cause of

Primary

Senile pneumonia

How long sick

5 days

Death

Immediate

Results of same

Accident, Suicide, Homicide

Reported by

P. D. Lunsdale MD

Address

Damascus Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Town* *John St. House* *County* *Walthersburg Montgomery*

Date of death *1905* *Nov.* *15* *Age* *5-2* *Months* *3* *Days* *13*

Sex *Male* Color or Race *White* Birth-place *Rockville*

Occupation *Carpenter* Where Residing if not at place of death *Walthersburg*

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *John House* Father's Birthplace *Inda*

Mother's Maiden Name *Mary Ricketts* Mother's Birthplace *Inda*

Name of person giving information *Daughter* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Apoplexy* ☒ How long *Two hours*
Immediate *Apoplexy* ☐ How long *Two hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

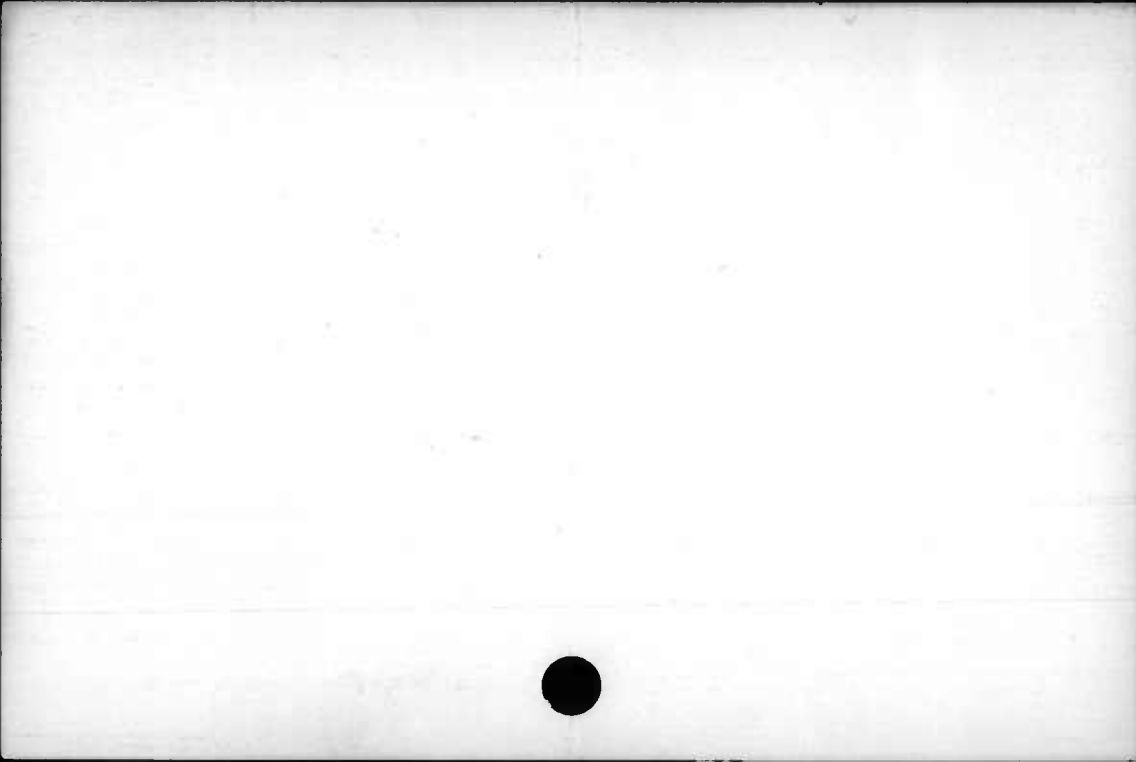
Signature of Physician

E. C. Echison

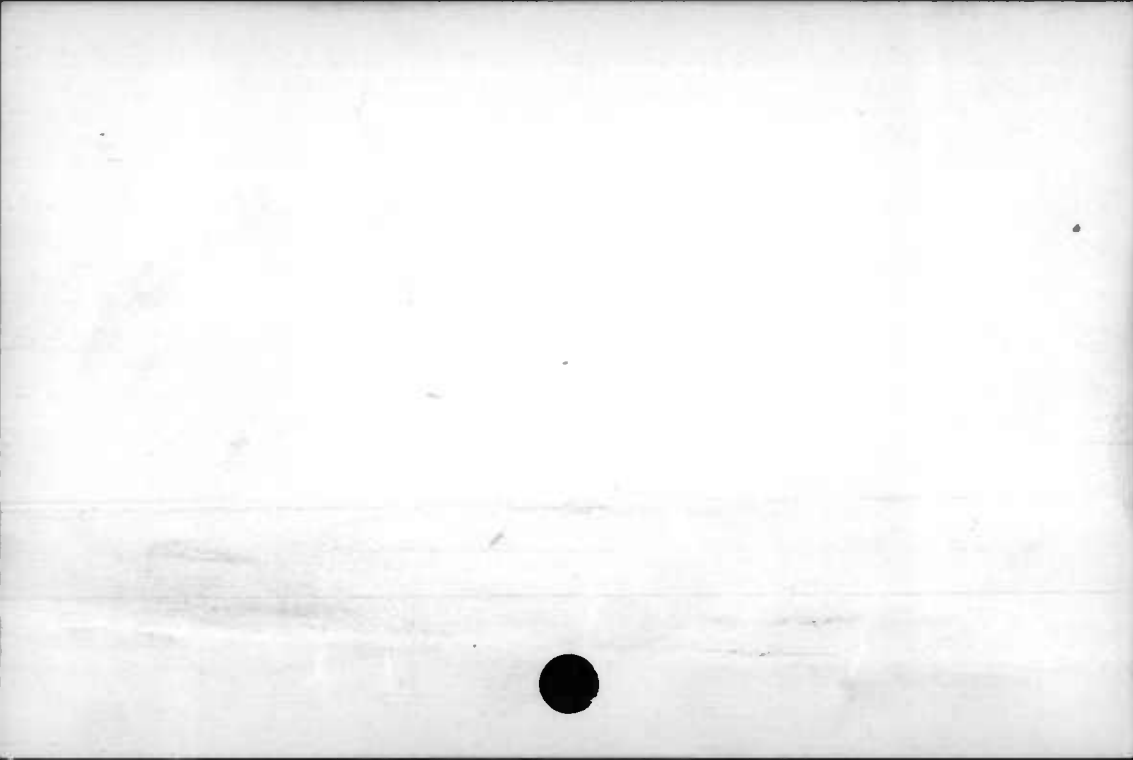
Address

Walthersburg

Accident or Suicide?



Name in Full		Emily W. Funkhous				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Elkton		County		Maryland	
		Date of death 1905		Nov.		28		Age 68	
		Sex		Female		Color or Race		White	
		Married, Single or Widowed		Widowed		Occupation			
		Name of Wife or Husband		Henry A. Funkhous		Father's Birthplace			
		Father's Name		Louis Tripley		Mother's Birthplace			
		Mother's Maiden Name				How related to deceased		Son	
		Name of person giving information		James B. Funkhous					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Schirous Carcinomata				How long 8 Months	
		Immediate		Exhaustion				How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. G. Spurrer	
		Address		Unity		Quonty Co			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

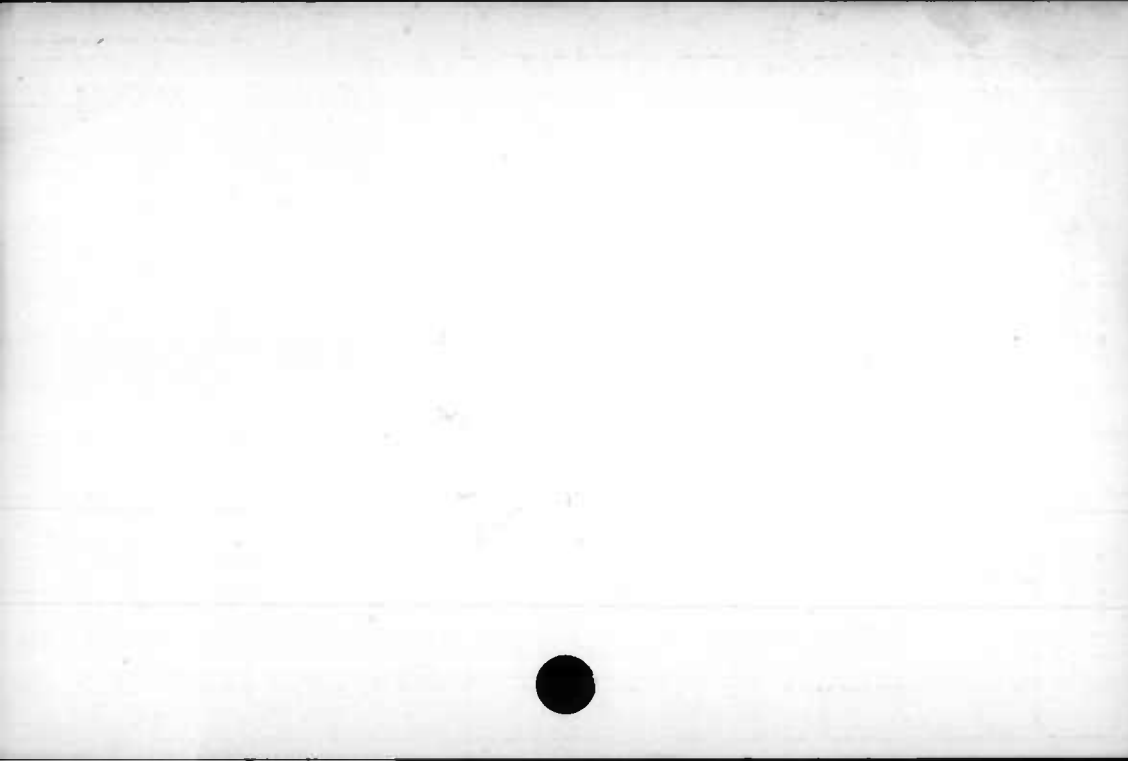
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County	
Date of death <i>1905</i>		Month <i>11</i>	Day <i>12</i>	Age <i>70</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>Don't know</i>		How related to deceased <i>Not at all</i>		Name of person giving information <i>William Rabbit</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>Three weeks</i>
Immediate <i>Paralysis</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Mary E. Letts

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Rheumatism

Death

Immediate

Cardiac Lesion

How long sick

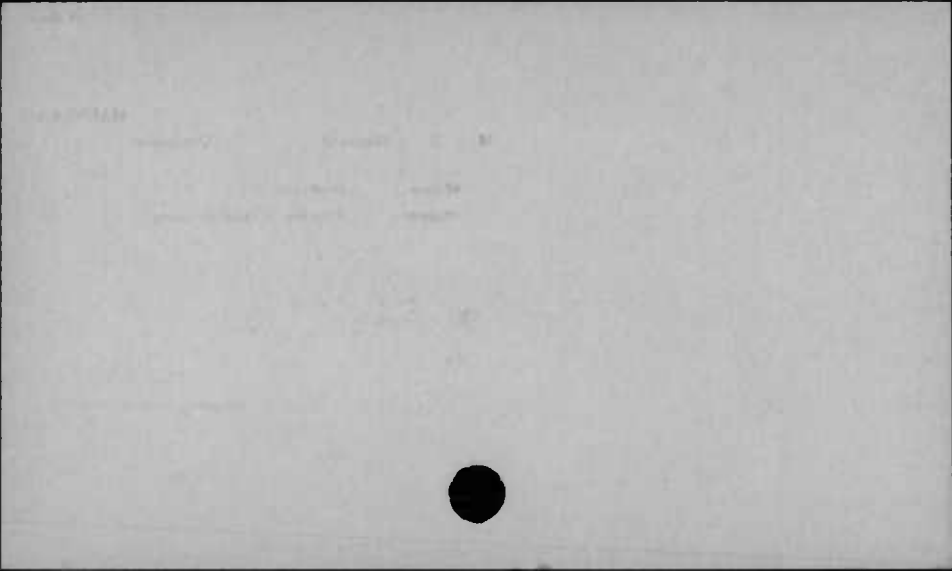
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

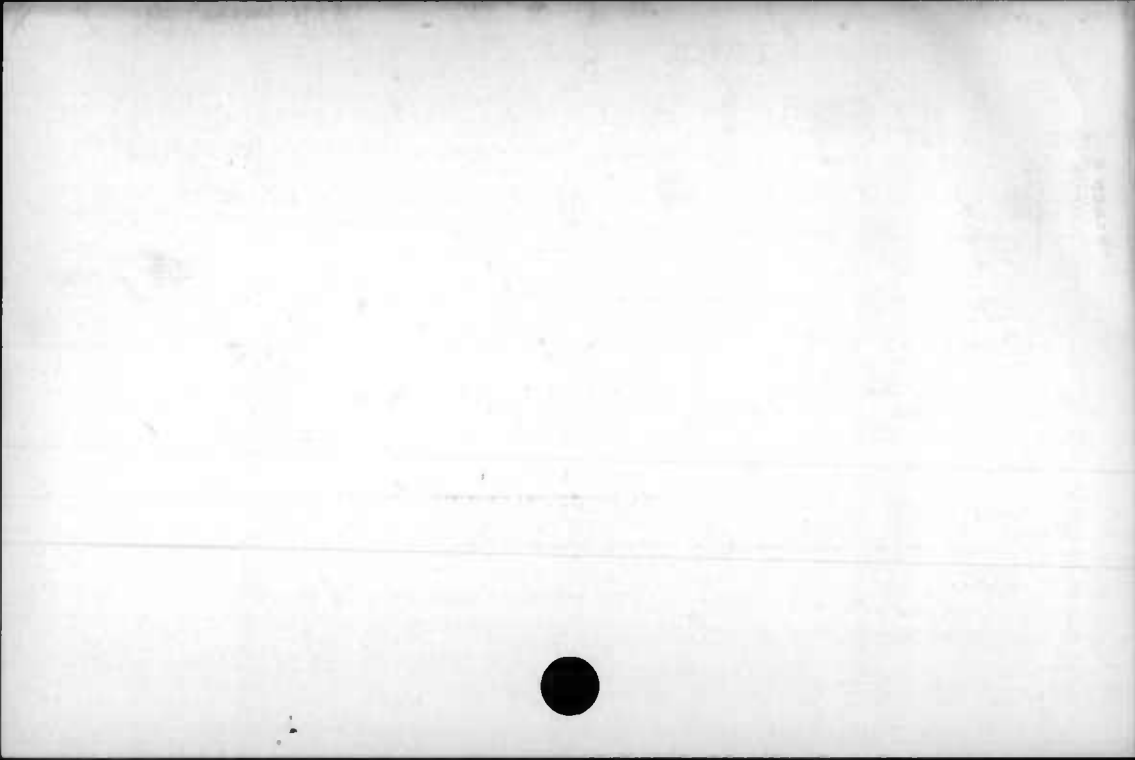
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Lynch</i>		Town <i>Sugarland</i>		County <i>Unity</i>		MARYLAND	
Died at <i>Sugarland</i>		Month <i>Nov.</i>		Day <i>10</i>		Years <i>2</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Sugarland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Mary Lynch</i>		Mother's Birthplace <i>Sugarland Md</i>					
Name of person giving information <i>Physician</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. D. Bourie M.D.</i>
	Address <i>Dawsonville Ga.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Elizabeth V. Magruder -

Certificate of Death

Died at

Town

Fruitland

County

Montgomery

MARYLAND

Date 189

1905

Month Day

11 19

Y. M. D.

Age 81. 7 20

Native of

Maryland

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5.

Husband

of

Wesley L. Magruder

Wife

Father's

Name

Mullican

Mother's

Name

Unknown -

Cause of

Primary

Weakness of Old age -

How long sick

15 minutes

Death

Immediate

acute indigestion & infarction of heart

Accident, Suicide, Homicide

Reported by

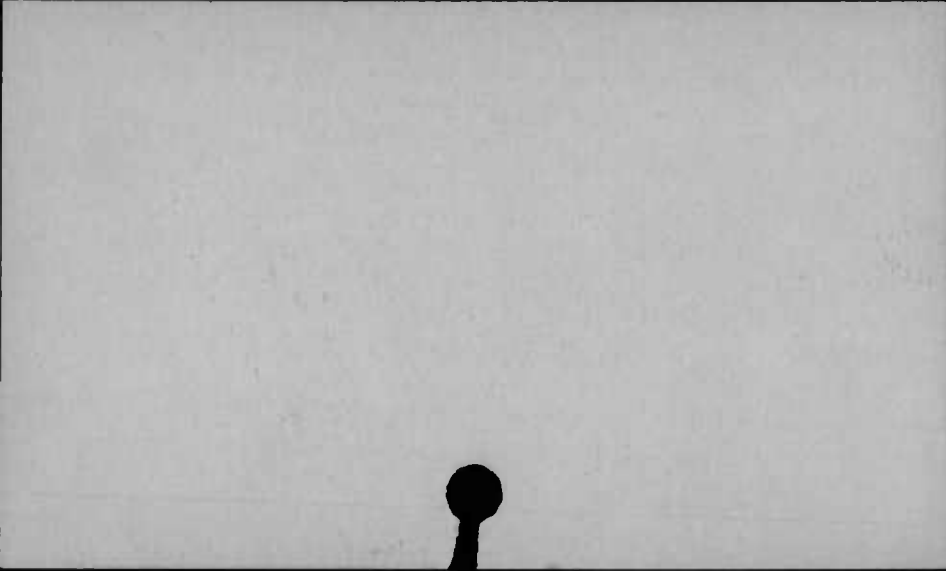
Lest House - Mont.

Address

Darnestown Md - -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Fielden Marlous

CERTIFICATE OF DEATH

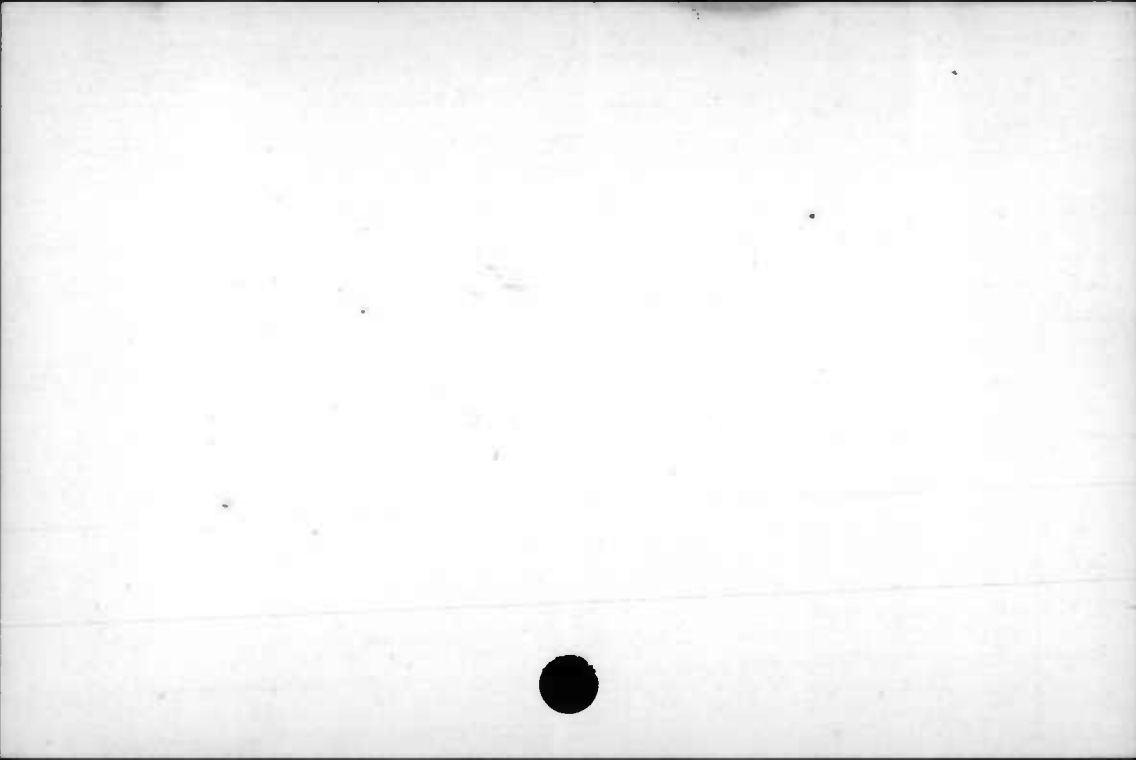
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fairland		^{County} Montgomery		MARYLAND	
Date of death	1905	Month	Nov.	Day	25
Age		37		Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Nellie Roby		
Father's Name	Julius Marlous			Father's Birthplace	Md.
Mother's Maiden Name	Emiline Hopkins			Mother's Birthplace	"
Name of person giving information	Howard Marlous			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid & Acute Nephritis		How long	About 2 weeks
Immediate	Uremia		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		H. T. Brown		
		Address		
		Silver Spring		
Accident or Suicide?				



Name
in
Full

Francis B. Marlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chevy Chase^{County} Mont Co

Date of death 1905 Nov

Day 17

Age 45

Months 2

Days 2

Sex Male

Color or Race White

Birth-place

Occupation Pensioner

Where Residing if not at place of death

Chevy Chase

Married, ~~Single~~
or ~~Widowed~~

Name of Wife or Husband

Estelle S. Marlow

Father's Name

Father's Birthplace

Princeton, Ind

Mother's Maiden Name

Mother's Birthplace

Barnes Co Ind

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Congestion of Lungs

How long

One week

Immediate

Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

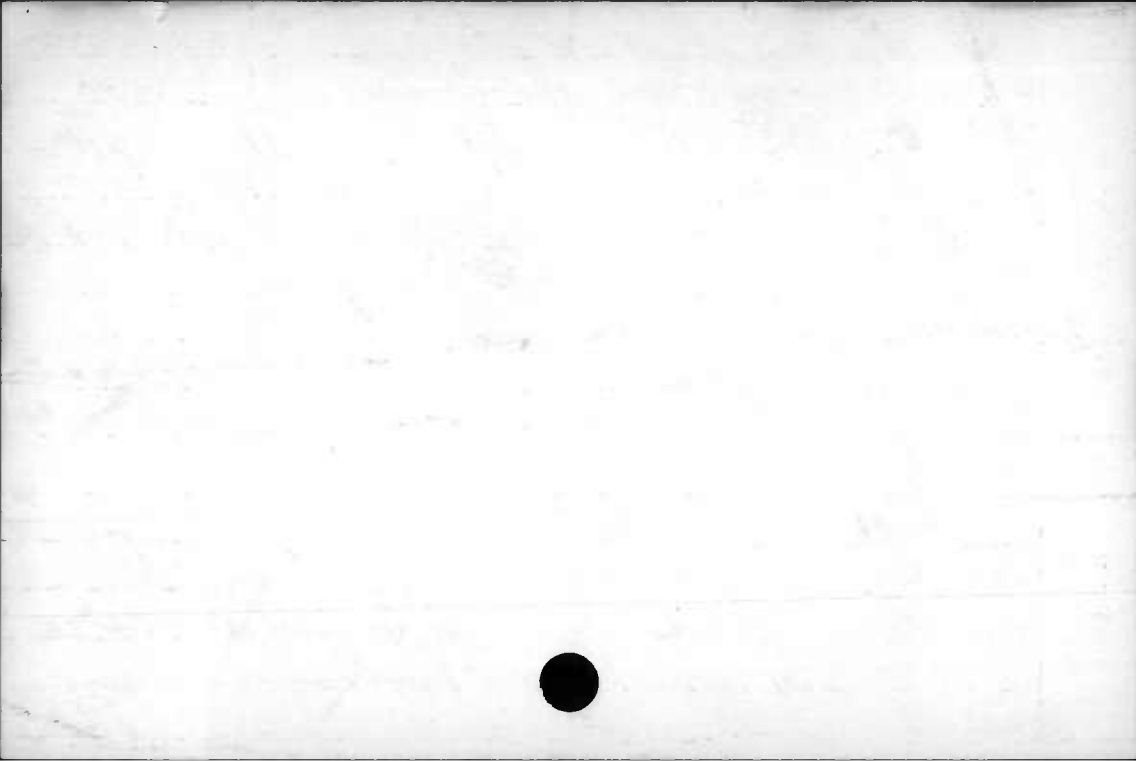
Signature of Physician

Wm J. Dillenbacke

Address

1344 - R T N. W.
Wash. D. C.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

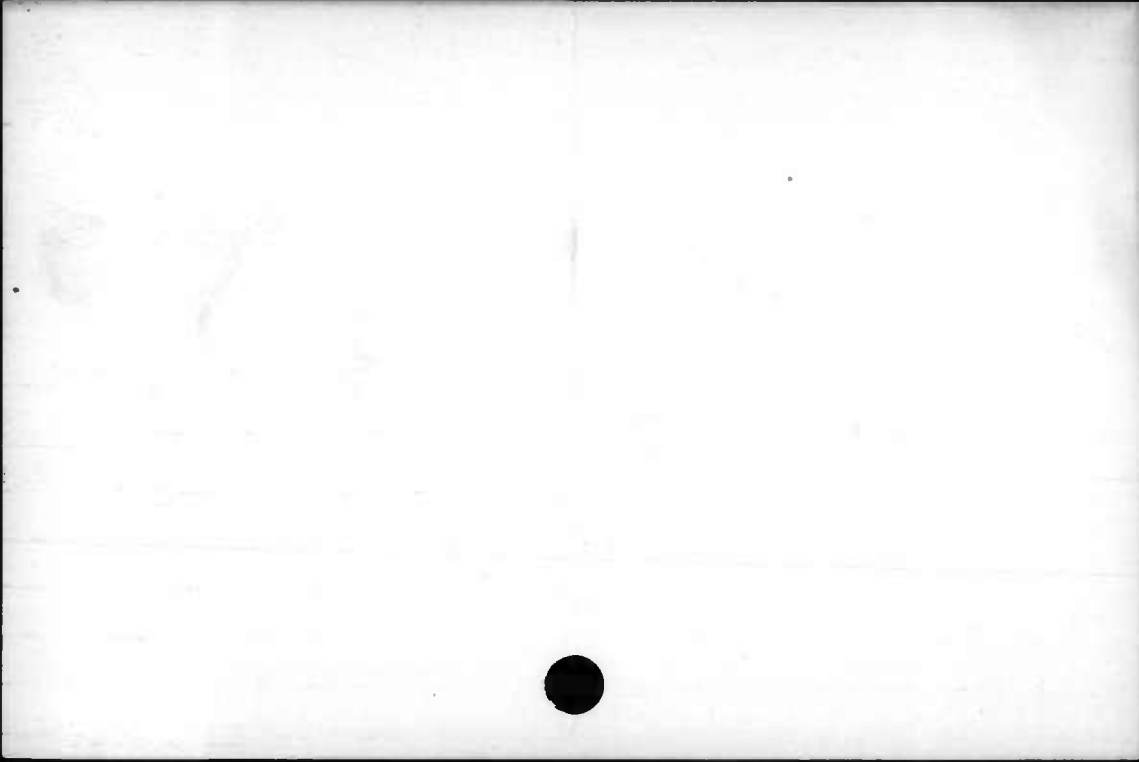
MARYLAND

Died <i>near Fairhershburg</i>		County <i>Montgomery</i>			
Date of death <i>1905</i>		Month <i>Nov.</i>	Day <i>11</i>	Years <i>24</i>	Months <i>15</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Near Fairhershburg</i>		
<input checked="" type="checkbox"/> Married Single or Widowed		Name of Wife or Husband <i>Single</i>			
Father's Name <i>Thos. Marshall</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Steph Piper</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>18 Months</i>
Immediate	<i>Tuberculosis</i>	How long	<i>18 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. G. Blaisdell</i>	
		Address <i>Fairhershburg, Md.</i>	
Accident or Suicide?			



Wm W. Metzger

Died at Polesville Md Maryland

Date 19 05 Nov. 9 Age 60.5 Y. M. D. Native of Md Occupation Farmer

Male White Married Widow Divorced Widower Number of children living one

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Amanda Barker

Wife Wm Metzger Mother's Harriet Traie

Name Wm Metzger Maiden Name Harriet Traie

Cause of Death { Primary Arterio Sclerosis How long sick 2 years

Death { Immediate Paralysis 60 Accident, Suicide, Homicide

Reported by

B. W. Walling M.D.

Polesville. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

In
Full

CERTIFICATE OF DEATH

George Miller

Town

County

MARYLAND

Died at Seneca

Date

Month

Day

Age

Years

Months

Days

of death 1905 Nov.

10

3

Sex

Male

Color or
Race

White

Birth-
place

Seneca Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Marshall Miller

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Taylor

Mother's
Birthplace

Montgomery Co.

Name of person giving
Information

Physician

How related
to deceased

I

CAUSES OF DEATH

Primary

Croup (not diphtheria)

How long

24 hrs

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

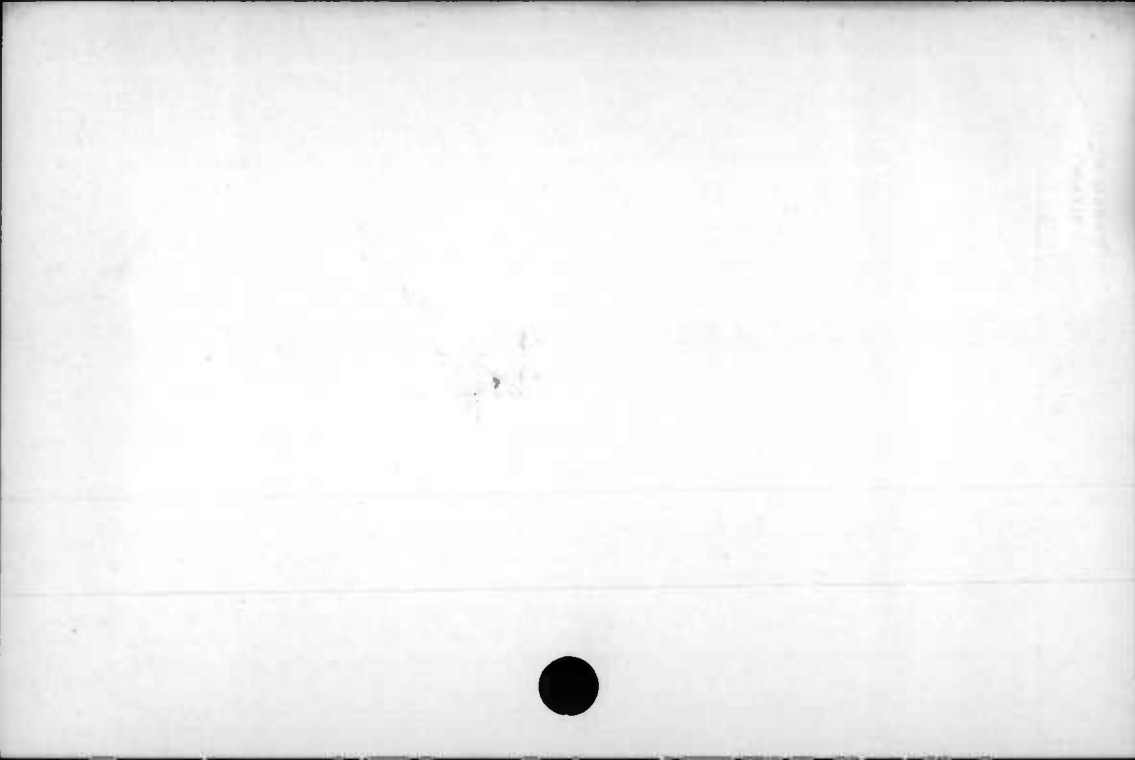
U. D. House M.D.

Address

Dumfriesville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs M. Maught

CERTIFICATE OF DEATH

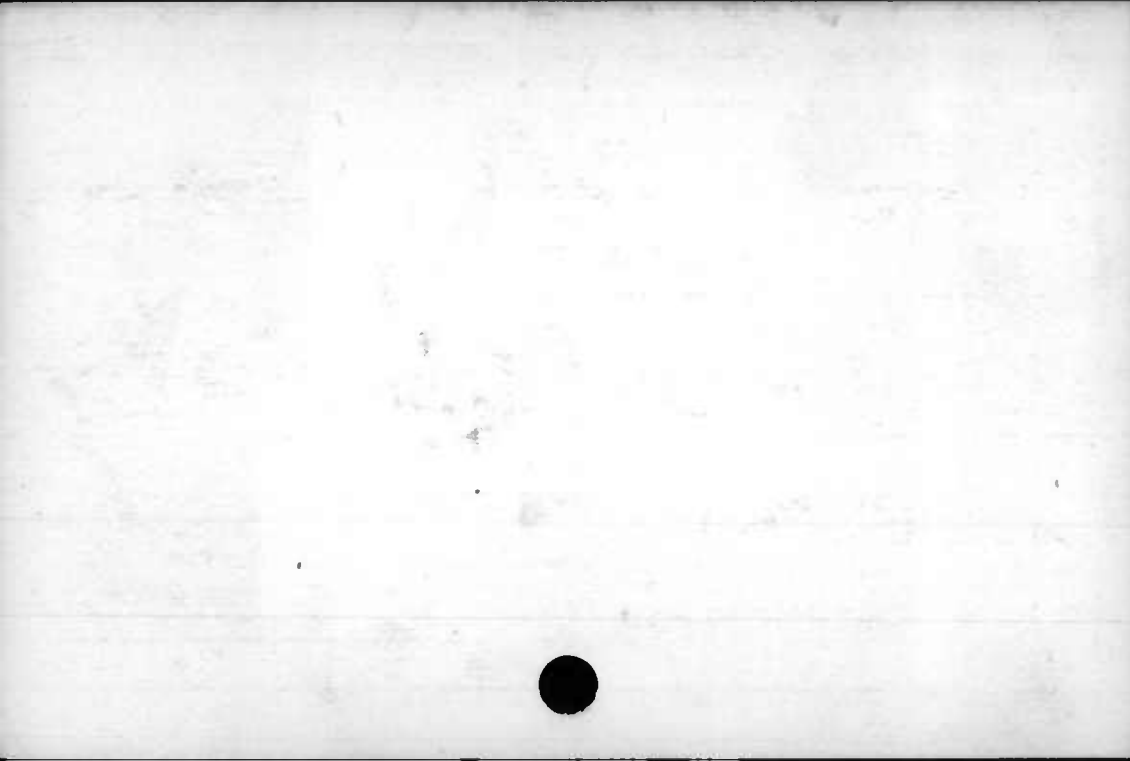
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montrose</i>		Town <i>Montrose</i>		County <i>Me</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>11</i>	Day <i>27</i>	Age <i>83</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name		<i>Willson</i>				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Labor pneumonia</i>	How long	<i>12 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. M. Linthicum</i>	
		Address <i>Roadville Ind</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

High Reed

CERTIFICATE OF DEATH

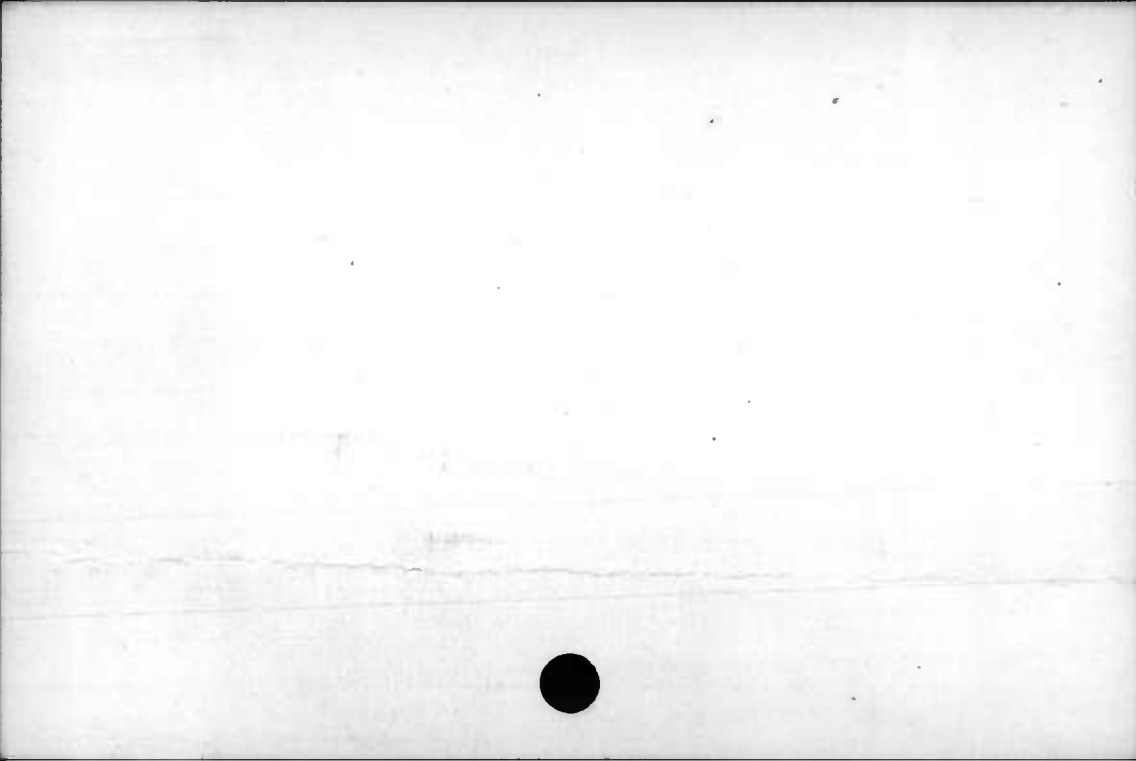
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buck Lodge</i>		Town <i>Mountgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1905	Month	Nov	Day	19	Age	7
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Buck Lodge</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>John Henry Reed</i>			Father's Birthplace	
Mother's Maiden Name			<i>Mary Cleward</i>			Mother's Birthplace	
Name of person giving information			<i>Jr Reed</i>			How related to deceased	
						<i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>dysentery</i>	How long	<i>one week</i>
Immediate	<i>heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. S. Smith</i>	
		Address	
		<i>Mountgomery Md</i>	
Accident or Suicide?			



Name
in
Full

Clara E Spalter

CERTIFICATE OF DEATH

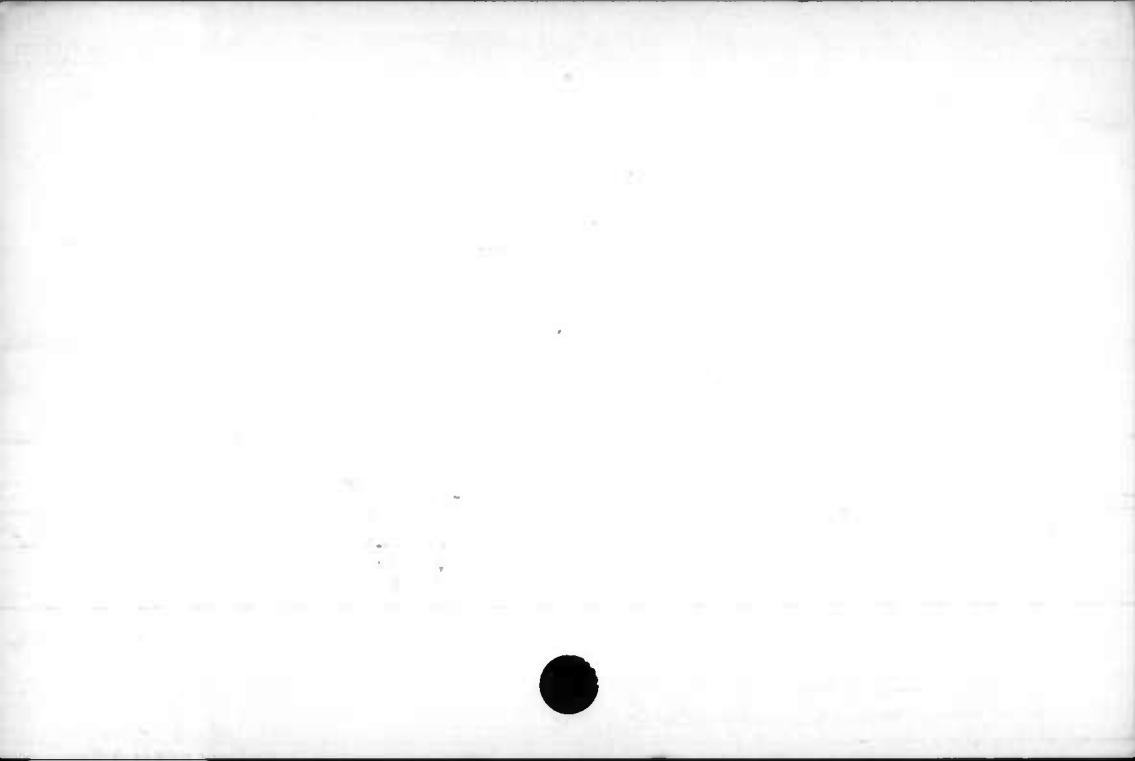
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elmer</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month	<u>November</u>	Day	<u>10</u>
Age	<u>46</u>	Years		Months	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Burkittsville Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Richard P Spalter</u>				
Father's Name	<u>Thomas Karn</u>			Father's Birthplace	<u>Burkittsville</u>
Mother's Maiden Name	<u>Rebecca Hitchew</u>			Mother's Birthplace	<u>Burkittsville</u>
Name of person giving Information	<u>C. H. Spalter</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

Primary	<u>valvular heart disease</u>	How long	<u>Not known</u>
Immediate	<u>Found dead</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Richard P. Lott</u>
		Address	<u>Poolsville Md</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Richard Swale

CERTIFICATE OF DEATH

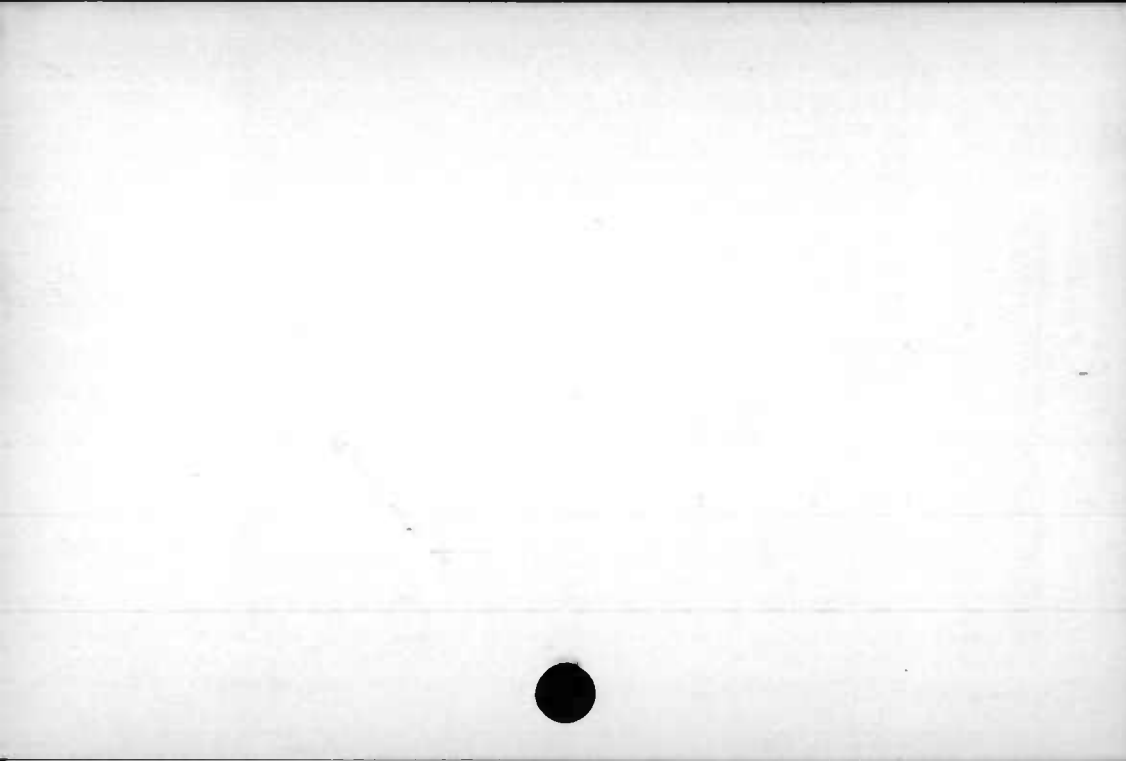
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grifton		County Neoutgomery		MARYLAND	
Date of death 1905		Month Nov.	Day 6	Age —	Years —	Months 7	Days 21
Sex Male		Color or Race Colored		Birth- place Grifton			
Married, Single or Widowed		Single		Occupation —			
Name of Wife or Husband —							
Father's Name Holward Swale				Father's Birthplace Neoutg. Co. Md.			
Mother's Maiden Name Lady Tammam				Mother's Birthplace Neoutg. Co. Md.			
Name of person giving Information George Campbell				How related to deceased No relation			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition, Marasmus	How long	Several months
Immediate	Assthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes or No	
for or known as no phy- sician in attendance		Signature of Physician Chas. Ferguson, M.D.	
Accident or Suicide?		Address Chas. Md.	



Name
in
Full

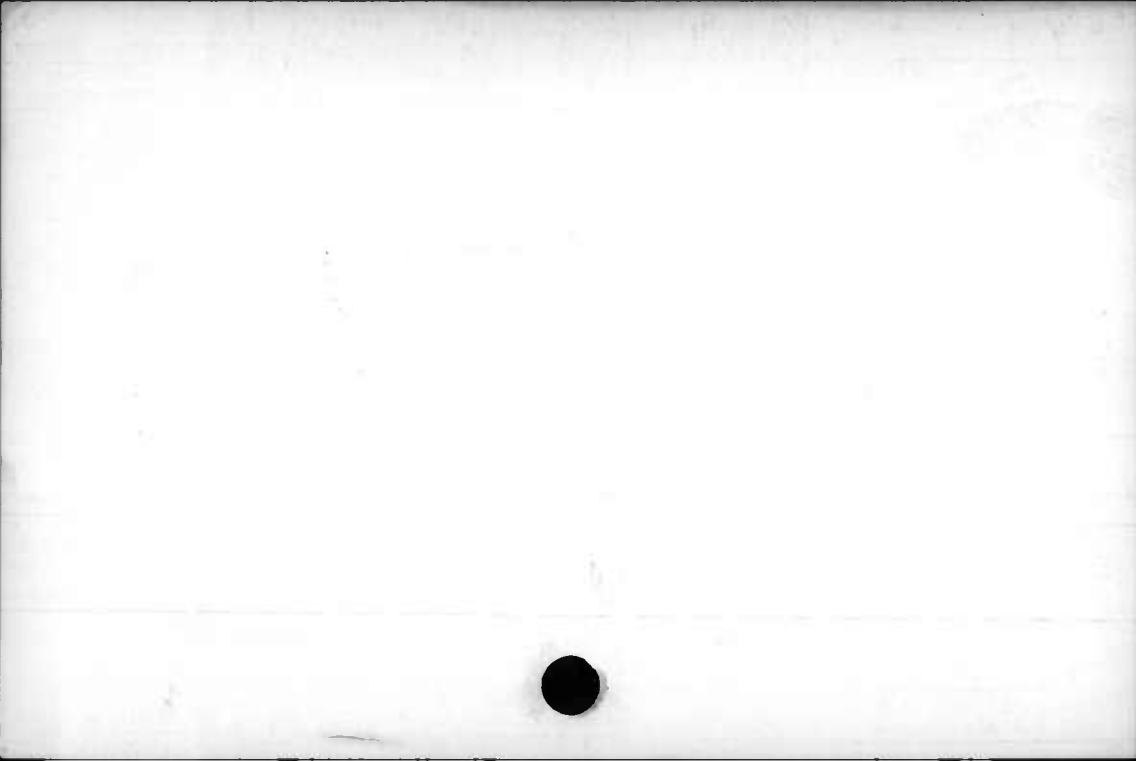
Miss Dorcas Beirs

CERTIFICATE OF DEATH

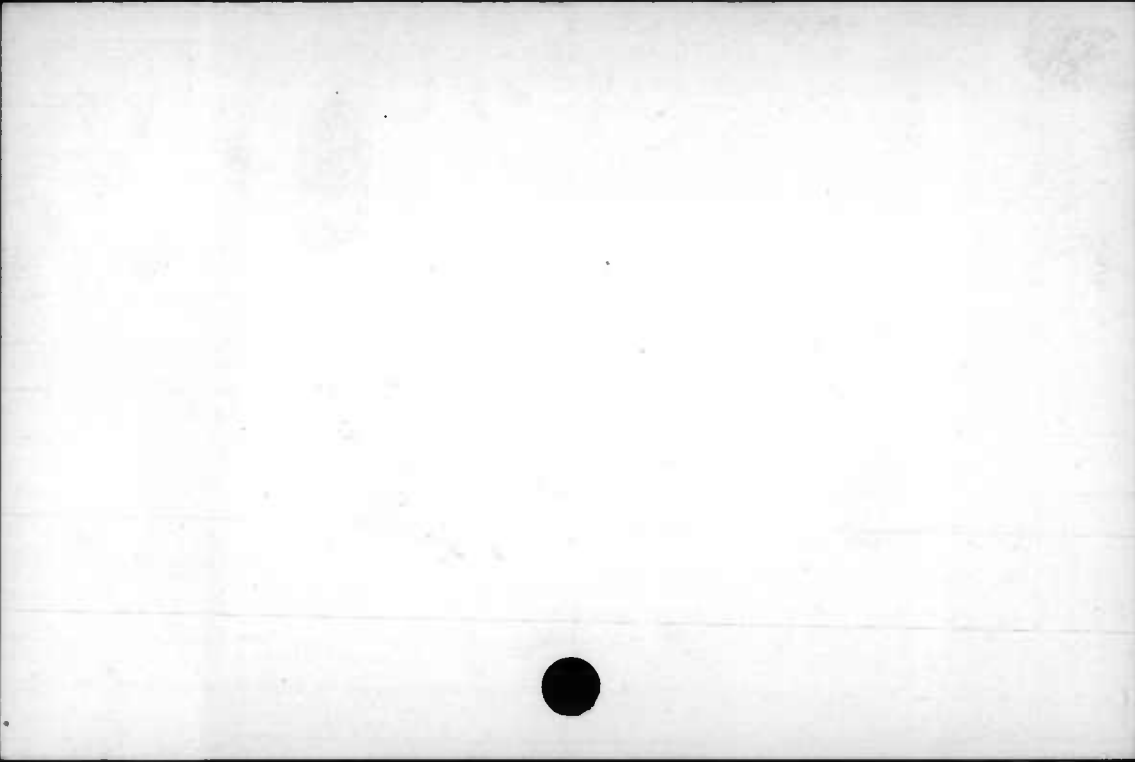
Died at		Town Pootsville		County Montgomery		MARYLAND	
Date of death		1905	Month Nov.	Day 22	Age 54	Years	Months Days
Sex Female		Color or Race White		Birth- place Md.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Jesse Beirs				Father's Birthplace Md			
Mother's Maiden Name Sophia Beirs				Mother's Birthplace Md			
Name of person giving Information Herbert K. Kinsin				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	2 weeks
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. W. Walling	
	Address Pootsville.		Md.	
Accident or Suicide?				



Name in Full		Warren				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rockville		County Montgomery		MARYLAND
	Date of death		1905	Month Nov.	Day 6 th	Age Years	Months 2
	Sex		Female		Color or Race Caucasian		Birth-place Md
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Clarence Warren			Father's Birthplace Md	
	Mother's Maiden Name		Bessie Barker			Mother's Birthplace Md	
Name of person giving information		Father			How related to deceased —		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Acute Infection				2 m		
	Immediate				How long		
	Exhaustion				X		
	Are the name, age, sex, color, date and place correctly given above?				yes		
				Signature of Physician			
				Address			
				Rockville			
				Md			
Accident or Suicide?				X			



Name
in
Full

Mrs. Emma Weigandt

CERTIFICATE OF DEATH

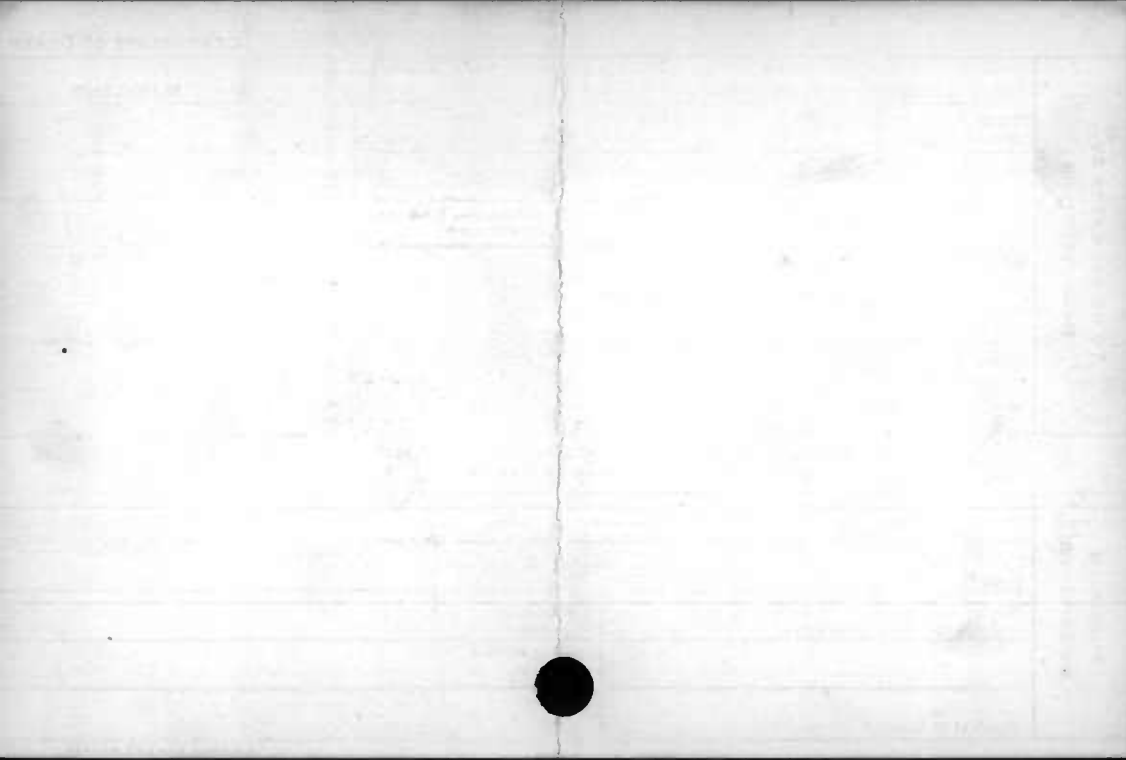
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship Heights</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>30</i>	Age	<i>71</i>	Years <i>4</i>	Months <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>New York</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Widow</i>		Name of Wife Husband <i>Charles Frederick Weigandt</i>			
Father's Name		<i>Wm Alexander L'Hommedieu</i>				Father's Birthplace	
Mother's Maiden Name		<i>Catherine Amelia</i>				Mother's Birthplace	
Name of person giving information		<i>John C. Weigandt</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Age</i>	How long
Immediate	<i>Broncho Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician		<i>Wm R. Eareckson</i>
Address		<i>Eek Ridge, Md</i>
Accident or Suicide?		



Name In Full

Certificate of Death

~~Wm~~ Thomas Marion Young

Town

County

MARYLAND

Died at Damascus

Montgomery

Date 19 05 11 3

Age 62-5-23

Native of Md

Occupation

Carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 1

Husband of

Josephine Young

Father's Name Thomas Young

Mother's Maiden Name

Charlotte Lewis

Cause of Death Primary Bright's Disease

Immediate Uremic Poison

How long sick

One Year

~~Accident, Suicide, Homicide~~

Reported by

P. B. Lunsdale M.D.

Address

Damascus Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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